

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF FLORIDA		PROOF OF CLAIM
NAME OF DEBTOR(S): PALMA, EDWIN	CASE NUMBER: 02-43761 CHPTR: 13 Trustee: NANCY N HERKERT	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): GE CAPITAL CONSUMER CARD CO OH3-4233 (cy) PO BOX 8726 DAYTON, OH 45401-8726 TELEPHONE NUMBER: 937-534-2145	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	RECEIVED VIA MAIL JAN 27 03 CLERK OF DISTRICT COURT SOUTHERN DISTRICT OF FLA. THIS SPACE FOR COURT USE
Account or other number by which creditor identifies debtor: CITY FURNITURE 6019190299917976	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim.	
1. Basis for Claim <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: center;">(date) (date)</div> </div> </div>		
2. Date debt was incurred: 11/08/1999		
3. If court judgment, date obtained:		
4. Total Amount of claim at Time case Filed: \$ <u>5,095.45</u> If all or part of your claim is secured or entitle to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____.	6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitle to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4300), *earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to government units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts court judgments, mortgages, security, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of you claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE FOR COURT USE ONLY
Date: January 16, 2003 Sign and print the name and title, if any, of the creditor or person authorized to file this claim (attach copy of power of attorney, if any): <u>Camela D. Yarns</u> <small>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 52 and 3571</small>		

ATTENTION

PLEASE BE ADVISED ON THE ADDRESS CHANGE LISTED BELOW
WHICH WILL EFFECT **PAYMENTS ONLY:**

GE CAPITAL CONSUMER CARD CO.
PO BOX 9001557
LOUISVILLE KY 40290-1557

ALL CORRESPONDENCE FORWARD TO:

CARD SERVICES
C/O OH3 - 4233
BANKRUPTCY
PO BOX 8726
DAYTON, OH 45482-0278

CSS

** NO MORE DETAILS ON FILE **CRCD 840 RL 0001 OF 0001 10:01:33 01/16/03
 PALMA,EDWIN**11915 SW 208 TERR.**MIAMI*FL*33177-7025*6019190299917976*0

	1218 0117 30N	985.00	EX	5000	0 7 0
01	LATE FEE				29.00
02	*FINANCE CHARGE*				101.96
03	-----				
04	11/07/99	ANNUAL PERCENTAGE RATE	24.750%		
05		DAILY PERIODIC RATE	.06779%		
06	AVERAGE DAILY BALANCE	\$4,739.48	*FINANCE CHARGE*		96.38
07	NO PAY DEFERRED INTEREST				
08					

4964.49	.00	.00	.00	29.00	101.96	5095.45	985.00
24.75	24.75	06779	NEW MDSE	.00	ADB MDSE	.00	833.00
24.75	24.75	06779	ADB OLD	274.11	ADB CASH	.00	